

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	
O.I.P.E. CLASSIFIER	<i>[Signature]</i>		9-15-00
FORMALITY REVIEW	<i>[Signature]</i>	11730	6-1-00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected
 u Allowed
 - (Through numeral)... Canceled
 - Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final	
Original	
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
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50	✓

Claim	Date
Final	
Original	
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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